

Mailing Address for Appeals and Inquiries:

CITY OF RALEIGH – PARKLINK
222 W. Hargett Street
PO Box 590
Raleigh, NC 27602-0590



Parking/Payment Information: (919) 996-3996 or
Website: www.raleighnc.gov

In-Person Payments:
Revenue Services Lobby, Municipal Building
222 West Hargett Street, Raleigh, NC
Office Hours: 8:30 AM – 5:00 PM, Monday to Friday

REQUEST FOR APPEAL

City Ordinance requires that a request to appeal a parking citation must be received not later than twenty-one (21) days from the date of issuance of the citation. Once received, your appeal will be reviewed by the City of Raleigh Parking Administration. If the reviewers require additional information you will be contacted by phone or mail. The review disposition will be mailed to you.

Citation Information

Citation Number:	Date of Issue:
License Plate:	License Plate State:
Violation Description:	

Personal Information

Name:		
Street Address:		
City:	State:	Zip:
Daytime Telephone: ()	Email Address:	
Drivers License Number:	Drivers License State:	

Please explain your circumstances and why you believe this parking citation should be dismissed. Use the overleaf or attach a separate sheet if additional space is needed.

Are you the Registered Owner of the vehicle to which this citation was issued? ____ Y/N

If you are not the Registered Owner of the vehicle to which this citation was issued please explain why you are requesting this review rather than the Registered Owner:

By submitting this request for review I hereby accept responsibility for the parking citation listed above.

(Initials)

Signature: _____

Date: _____

Mail this form and copies of supporting documents to the mailing address shown at the top left of this form.